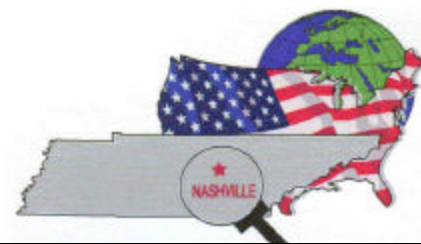


Public Health Watch



A BI-MONTHLY PUBLIC HEALTH NEWSLETTER OF THE
METROPOLITAN HEALTH DEPARTMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE

Volume 6, Number 3

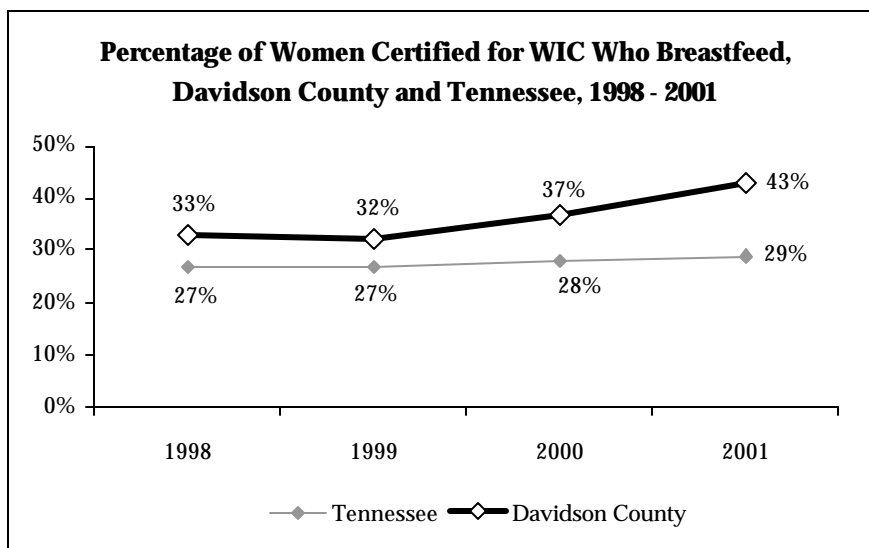
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May/June 2002

WIC Breastfeeding Program Exceeds State Expectations

Marianne Greenwood, B.S.N., I.B.C.L.C.,
Breastfeeding Coordinator

In September 2001, the breastfeeding rate in Davidson County WIC (Women, Infants, and Children) certified enrollees increased by another 6.4%, according to Glenda King, RD, Tennessee WIC Breastfeeding Coordinator. This rate demonstrates that Davidson County once again boasts the highest rate in Tennessee at 43% for 2001. This breastfeeding rate also reflects the fact that Davidson County is striving to reduce the infant mortality rate and close the gap for racial disparity. A recent study in the *Pediatric Journal* (Vol. 108, No. 1, August 2001) indicates that if more African American women would breastfeed, it would reduce infant mortality among the race. Preliminary internal data from the Metropolitan Public Health Department of Nashville and Davidson County indicate that progress has been made in Nashville to increase the breastfeeding rate among African American women in the WIC program.



continued on page two

Bioterrorism Update: Plague

Jennifer Blackmon, B.S.N., Disaster Preparedness Coordinator, Division of
Notifiable Disease/Immunization Promotion

Plague is caused by a bacterium called *Yersinia pestis*. Throughout history, there have been three major plague pandemics. The first began in Egypt in 541 AD and spread to Europe, Africa, and Asia. The second was the Black Death in Europe in the fourteenth century which wiped out one third of the European population. The third pandemic began in 1855 in China and eventually spread throughout the world.¹ Plague is generally believed to be a disease of ancient times. However, it does still occur. The Centers for Disease Control and Prevention reports that ten to fifteen human cases occur each year in the United States, most of them in rural areas of the western states; 1,000 to 3,000 cases occur each year throughout the world.²

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Some of the reasons for this increase in WIC certified enrollees who breastfeed are the advancement in information technology and research data that assist counselors in supporting mothers through the critical time periods. Another reason is a special grant obtained by the Tennessee Department of Health WIC Program that extends the breastfeeding duration by giving a mother an electric breast pump when she returns to work.

In addition, Davidson County has implemented the "Best Start Counseling Strategy". The use of this strategy, as reported by other states that have used it, doubled the number of women that breastfed. The counseling strategy consists of the three steps. **Step 1: Ask open ended**

questions, i.e. What have you heard about breastfeeding? **Step 2: Affirm feelings by using phrases**, i.e. I've heard a lot of women say that, etc. **Step 3: Educate** - Carefully target information to the concerns uncovered in Step One and provide information to clients in small bites as needed.

Also included in this newsletter are the comments of some of the WIC breastfeeding mothers who not only see the benefits of a healthier infant, but also enjoy the elevated self-esteem that women often feel when they breastfeed. For additional information about the breastfeeding program or WIC services at Metropolitan Public Health Department, please contact Marianne Greenwood at 615-340-2747.

You're Invited
To an open discussion on
Breastfeeding Issues!

August 6, 2002
6:00 p.m. until 8:00 p.m.

Metro Public Health Department
Auditorium
311 23rd Avenue North
Nashville, TN 37203

Theme: "Healthy Mothers and Healthy Babies"
Why breastfeeding is important to the mother, child, and community

Information about the Car Safety Seat Program, Immunization Program, and WIC Program will be available.

The Metro Public Health Department and local professionals want to assist the community to meet the standards set by the Surgeon General for the year 2010 and your input is important!

The community is invited to bring questions and comments.

For additional information call 340-5619

Food and beverages will be served

Healthy Mothers and Healthy Babies

Mi nombre es Tania, tengo 24 años. Y nunca había tenido una mejor experiencia que la que en este momento estoy gozando. Tengo una linda niña de 3 meses y este tiempo su alimento a sido unicamente de leche materna. Y durante su crecimiento ha sido muy beneficioso para ella, y siento que nuestro contacto de madre a hija a sido muy afectuoso, y su desarrollo ha sido rápido y creo que su maturacion a sido avanzada. Estoy segura que ha sido la mejor decision que he tomado al alimentarla con pecho para su pronto crecimiento y estimular lazos afectiuos al agual q su inteligencia.

Tania Machado



Tania Machado, Benjamin Ambriz, and Alexis

Hi, my name is Tania. I'm 24 years old. I've never had a better experience than the one I'm enjoying now. I've a precious 3 month girl. I'm only giving her maternal milk, or "exclusively breastfeeding", and this has been really beneficial for her growth. I feel that the contact that I have with my daughter is unique and that her development is faster. I think that her maturity has advanced. I'm sure that this has been the best decision ever, to breastfeed. This creates a faster development and stronger ties of affection and intelligence.

Tania Machado

For me, there was never any choice to be made about whether or not I would breastfeed. It was simply the best and most natural thing to do.

When my first son was born, I was only able to nurse for three months at which time I returned to work. Using a manual breast pump, I was unable to maintain my supply and was forced to switch to formula. My son accepted the formula easily enough, but the benefits of nursing and the disadvantages of formula feeding were soon clear. Almost immediately, my son began exhibiting asthma like symptoms in addition to contracting several colds.

Although I never made a conscious decision to breastfeed, I have always been aware of its benefits. Protection from colds, ear infections, diarrhea, constipation, and colic are just a few of the benefits of breastfeeding. However, with a strong family history of asthma, the decreased rate of asthma in adults who were breastfed is the most appealing benefit for me. Not to mention the affordability and convenience of breastmilk (it's free and it's readily available).

Nursing was made even more affordable when I came to WIC after the birth of my second son and they provided me with a Medela electric pump. Having nursed for only three months with my first child, I was determined to nurse at least three months with my new baby. Well my son will be four months old soon and even though I have been back at work for more than two months, I am still breastfeeding thanks to WIC.

Knowing that I not only gave life, but that I am able to sustain it simply by breastfeeding makes me very proud. To date this has been the most enjoyable experience of my life. I can't imagine making any other decision.

Myshia Deaderick

Healthy Mothers and Healthy Babies

I am a proud mother of two healthy children, Alexandria and Brea, and I chose to breastfeed them both. When I was pregnant with my first child, Alexandria, I did not know much about breastfeeding so I read literature on breastfeeding and asked questions. I later learned of the great benefits of breastfeeding for a child as well as a mother.



Kirstan Bryant and Brea

After giving birth to Alexandria, I was nervous because I did not have any experience breastfeeding a baby. At first, Alexandria had problems latching on and this was very frustrating for the both of us. The lactation consultant assured me that even though Alexandria and I were having difficulty, we would soon get the hang of it if we did not give up.

I wanted my child to have the best so instead of giving up, I told Alexandria that we were both new at this and together we can make it happen. I am proud to say that when I came home from the hospital, I continued to breastfeed Alexandria. After four months, I returned to work and continued to successfully breastfeed without supplementing with formula. I pumped on my break and at lunch while at work, and I nursed Alexandria in the mornings and at night.

After having Brea, I knew without a doubt that I was going to breastfeed her. Once again, we had trouble getting started, but with the help of lactation nurses and determination, we were successful. When Brea was three months old, I decided to go back to college. I did not think I could continue to breastfeed because school was different from work. One week before school started, I called the school to ask them if there was a room available for me to use because I was a lactating mother. I spoke to a lady, and she said that it would be no problem to get me the privacy I needed. Presently, I am attending college full time, and I continue to breastfeed Brea who is now nine months old.

I wish to say to any mother who is expecting to consider breastfeeding: Do not give up because breastfeeding takes a little patience and has a great outcome for both baby and mother.

Kirstan Bryant

I have two children. I bottle fed my first child. I am currently breastfeeding my second. The synchronicity between his needs and my body is amazing. There is no better feeling than the bond it has created between us. It truly is the way nature intended it to be. Don't miss the opportunity to experience motherhood to the fullest. Breastfeeding is the most fulfilling thing I've ever done. I think every mother should breastfeed her child even if only for a short period of time.

Pamela Satterfield



Hollie Wetzel and Luke

*B*reast-feeding is an incredible gift from God—the baby is delivered, and lactation naturally begins. It is the physiological continuation of the normal reproductive cycle. It is a blessing to me to nurture my son through breast-feeding. It brings me joy to see him growing as a result of nourishment he gets from me. With all the stresses of a new baby, his sustenance for life is not a concern because I know that breast milk contains the perfect balance of nutrition that he needs. It is also of ultimate convenience knowing that breast milk is primed in that it is always the perfect temperature, and there is no need for bottles or mixing. It is a wonderful bonding experience with him. With all the evidence of breast milk being the best nutrition for him, I feel as though every time he eats it is boosting his immune system. I know I am giving Luke the best possible start in life with breast-feeding.

Hollie Wetzel



Kimberly Foster and Jordan

*I*knew from the day I found out I was pregnant that I wanted to breastfeed—for the health benefits for the baby as well as for helping me to lose weight. The day that Jordan came was very exciting and scary. I tried to nurse when he was only a couple of hours old, but he wasn't very hungry. When he was hungry, I felt as though he wasn't getting enough because he was crying. I kept the lactation nurses on the phone even after going home. At home I was still concerned so I was given the opportunity to take Jordan to the Health Department to be weighed, and he was still his birth weight at a week old. This was very encouraging to me. The experience has truly been great. It gives me a sense of making sure Jordan is taken care of and that this is what God intended. I believe if you're concerned with your child's health, your finances, and bonding with your child, breastfeeding is definitely for you.

Kimberly Foster

***H**ello, my name is Adreana Hamilton, and I am 38 years old. I am a proud parent of two healthy, wonderful, and beautiful children, Elexis and Emmanuel. I thank God for allowing me to have and breastfeed both of my children. Breastfeeding is a beautiful thing because it helps the mother's body to get back into shape and to lose tremendous weight. Breastfeeding also allows the mother to get closer to her child by getting to know her child's needs better. Nutrition from breastfeeding is healthier for the baby because it helps their bones to grow, keeps them from getting sick on a regular basis, and cuts down on infections and constipation. Also, I think that breastfeeding makes babies smarter because they learn and catch on faster.*

Adreana Hamilton



Adreana Hamilton, Elexis, and Emmanuel



Amy Sturgeon and Eve

***M**aybe I'm just basically lazy, but I love the fact that I don't have to sterilize bottles and nipples and mix the formula to just the right consistency and temperature many times every day and night. Since I'm breastfeeding my four-month-old daughter, everything she needs is already there for her, anytime, anywhere. Even the formula companies admit that they can't duplicate the antibodies and other beneficial nutrients in breast milk exactly. I don't have to worry that my baby isn't getting enough or is getting too much—she decides how much to eat, and I know that she is growing in a healthy way. My other two children were breastfed too, and they're so bright. There are studies that show that breastfed babies are smarter. The bond I have with each of my children is something I would not want to miss, and I think a lot of it goes back to the earliest times when it was just baby and me, my body nurturing and cuddling my baby. Breastfeeding is the natural way to go too—no factory-made chemicals or synthetic vitamins! It's really a blessing to know that just like when I carried my baby in pregnancy, I can still provide her with nourishment and warmth.*

Amy Sturgeon

Healthy Mothers and Healthy Babies



Avis Taylor and Arai

I never intended to breastfeed my child because I had heard every negative reason there is about it. So I did my own research and read and absorbed every piece of information that I could get my hands on about the subject. I soon concluded that there really was no reason NOT to breastfeed. I had my son, Arai, in January of this year and nursed him from the very beginning. I can't say it was easy, but it was very rewarding from the start. The nurses were more than willing to help me and once we both caught on, it was only a matter of patience and perseverance. Now, don't get me wrong, we had some rough times in the first month, but I met a nursing mother who assured me that these times would soon pass and nursing would become second-nature to me. Well, she was right, and it has. There are no words to describe the feeling I get when I'm nursing my son and he grins back up at me. If you're a nursing mother, then you know exactly what I mean.

Avis Taylor

Breastfeeding is healthy for both mother and child. It offers an intimate bonding like no other. I enjoy nursing my child because it boosts my confidence and self-esteem. It gives me a sense of self-worth. I also receive untold appreciation by the little one. Words cannot express the fulfillment of a breastfeeding mother.

Gwendolyn Easley



Gwendolyn Easley and Harmoni

Healthy Mothers and Healthy Babies

There is no stronger way to say, “I love you” than to nurse your child. To me, breastfeeding is the closest hug that I can share with my son. Each drop of milk represents the feelings that words cannot express. In the beginning (the first few weeks), it was very difficult. I’m being honest about this because I don’t want other mothers just starting out to get discouraged by this. Yes, it was painful for me at times, but I knew that just as I got through the discomforts of labor to receive the prize of a son...this too would pay off.

Mothers, please understand the long-term benefits of nursing your child. In your body, you produce the “antidote” to many of the emotional and physical ailments that your child may go through (or not even have to experience due to your breastfeeding). As you nurse your child, look into his or her little eyes and experience a bond that will never be broken. Focus on your son or daughter and become aware of the reassurance and trust that you’re installing in your child. The health benefits for you and your child far out way the temporary discomforts of this new chapter of nourishment. It’s an adventure of sorts because there’s times when I have to regroup and stick it out:

for instance, during a growth-spurt when your body has to adjust to meeting the new demands of a “hungrier” growing baby. But I just can’t give up because I cannot shake the joy of God creating me with everything that my child needs. I personally feel that giving him any less would be letting him down.

Sheri Hauck-Gillespie



Sheri Hauck-Gillespie and Malik



The members of the Metropolitan Public Health Department’s WIC Program work together to promote and encourage breastfeeding among WIC enrollees in Nashville.

Naturally occurring cases of plague are transmitted by fleas or by animals which have been infected by fleas. In the United States, plague can be carried by a number of animals including cats, dogs, bears, chipmunks, gophers, and rats.¹ It is most common for humans to be infected through the bite of a flea, which causes the bubonic form of the disease. Septicemic plague and pneumonic plague most commonly occur secondary to bubonic plague. However, both forms can be the primary illness. Primary pneumonic plague occurs through exposure to respiratory droplets of an animal or another person with pneumonic plague.

There are three distinct manifestations of plague. The most common form is bubonic plague, in which the patient develops painful, swollen lymph nodes near the site of exposure. These infected nodes are called buboes. Symptoms of bubonic plague include fever, chills, fatigue, nausea and vomiting, and headache. In many cases a lesion is present at the site of exposure.

Approximately 25% of these patients progress to secondary septicemic plague.^{1,3} Symptoms include fever, chills, diarrhea, and nausea and vomiting. Necrosis may occur in the extremities and the nose, which may have led to the use of the term Black Death in the second pandemic.^{2,4} Some patients may never have the bubonic form but develop primary septicemic plague which can make diagnosis more difficult.

The third form is pneumonic plague in which the disease invades the lungs. Initial symptoms include fever, headache, muscle pain, and fatigue. A productive cough with bloody sputum is common in these cases. Pneumonic plague is almost always fatal unless treatment is initiated within 18 hours of illness.⁴

All forms of plague can be treated effectively with antibiotics. However, it is crucial that treatment begin as soon as possible for pneumonic plague. Streptomycin is the treatment of choice although gentamicin is also effective.⁴ Untreated bubonic plague has a mortality rate of around 60% while the mortality for untreated septicemic and pneumonic plague is close to 100%.³ All plague patients should be isolated until they have been on antibiotics for 48 hours; those with pneumonia should be isolated for an additional two days.⁴ Exposure to blood or to bubo drainage could transmit the disease.

In a bioterrorist event involving *Yersinia pestis*, presentation of the disease would be quite different from that of naturally occurring cases. An aerosol release of the bacteria would result in an outbreak of primary pneumonic plague, the most rare form of the disease. Diagnosis would be difficult as the early symptoms are similar to those of a number of other illnesses. Moreover, patients would not experience the bubonic form of the disease prior to developing

pneumonia. The fact that most American physicians have never seen a case of pneumonic plague further decreases the likelihood of early detection.¹

The first vaccine for plague was developed in 1897. In 1942, an improved vaccine was developed for the U.S. Army.⁴ The vaccine was effective against bubonic plague, but not against pneumonic plague. Vaccine production was discontinued in 1998 and none is available at this time.³

An intentional release of *Yersinia pestis* could cause a widespread outbreak of pneumonic plague. Early detection would be extremely difficult, and the potential effect on our society is difficult to imagine. Because of person to person transmission of pneumonic plague and its high mortality rate, the use of this agent is of great concern. If you have questions about plague or other bioterrorism threats, you may contact the Division of Notifiable Disease/Immunization Promotion at 615-340-5632.

References:

¹ Inglesby, Thomas V., et al. "Plague as a Biological Weapon: Medical and Public Health Management." JAMA 283 (2000): 2280-2290.

² "CDC Plague Home Page." Available at <http://www.cdc.gov/ncidod/dvbid/plague/index.htm> Accessed May 13, 2002.

³ U.S. Army Medical Research Institute of Infectious Diseases. Medical Management of Biological Casualties Handbook. Fourth Edition. Fort Detrick, Frederick, Maryland. February 2001.

⁴ McGovern, Thomas W. and Friedlander, Arthur M. "Plague." In Medical Aspects of Chemical and Biological Warfare. Washington, DC: Office of the Surgeon General, 1997.

Reported cases of selected notifiable diseases for March/April 2002

Disease	Cases Reported in March/April		Cumulative Cases Reported through April	
	2001	2002	2001	2002
AIDS	34	32	82	60
Campylobacteriosis	3	0	8	3
Chlamydia	343	333	748	711
DRSP (Invasive drug-resistant <i>Streptococcus pneumoniae</i>)	6	2	12	13
<i>Escherichia coli</i> 0157:H7	0	0	0	0
Giardiasis	0	2	2	6
Gonorrhea	254	193	557	418
Hepatitis A	4	2	9	8
Hepatitis B (acute)	3	1	5	4
Hepatitis B (perinatal)	6	0	10	5
HIV	52	50	127	105
Influenza-like Illness	4	161	131	220
<i>Neisseria meningitidis</i> disease	4	1	5	1
Salmonellosis	6	3	13	13
Shigellosis	0	0	1	3
Syphilis (primary and secondary)	11	6	27	20
Tuberculosis	7	14	19	19
VRE (Vancomycin-resistant enterococci)	20	0	31	19

To report a notifiable disease, please contact:

Sexually transmitted diseases: John Coursey at 340-0455

AIDS/HIV: Mary Angel-Beckner at 340-5330

Hepatitis B: Denise Stratz at 340-2174

Tuberculosis: Diane Schmitt at 340-5650

Hepatitis C: Jennifer Blackmon at 340-5671

Vaccine-preventable diseases: Mary Fowler at 340-2168

All other notifiable diseases: Pam Trotter at 340-5632

Return Service Requested

Public Health Watch welcomes feedback, articles, letters, and suggestions. To communicate with *Public Health Watch* staff, please:

Telephone: (615) 340 - 5683

Fax: (615) 340 - 2110

E-mail: nancy_horner@mhd.nashville.org

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